



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 6533

<b>SERIAL NUMBER</b> 10/615,668	<b>FILING or 371(c) DATE</b> 07/08/2003 <b>RULE</b>	<b>CLASS</b> <del>435</del> 536	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> CHIR-0337	
<b>APPLICANTS</b> Antonello Covacci, Siena, ITALY; Massimo Bugnoli, Monteriggioni, ITALY; John Telford, Monteriggioni, ITALY; Giovanni Macchia, Avezzano, ITALY; Rino Rappuoli, Quercegrossa, ITALY;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/410,835 10/01/1999 ABN which is a CON of 08/471,491 06/06/1995 PAT 6,090,611 which is a DIV of 08/256,848 10/21/1994 ABN which is a 371 of PCT/EP93/00472 03/02/1993 and is a 371 of PCT/EP93/00158 01/25/1993					
<b>** FOREIGN APPLICATIONS *****</b> ITALY FI 92 A 000052 03/02/1992					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 10/15/2003					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <input type="checkbox"/> Met after Allowance /S. DEVI/ Examiner's Signature	/SD/ Initials	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWINGS</b> 14	<b>TOTAL CLAIMS</b> <del>25</del> 16	<b>INDEPENDENT CLAIMS</b> <del>2</del> 1
<b>ADDRESS</b> Chiron Corporation Intellectual Property PO Box 8097 Emeryville, CA 94662-8097 UNITED STATES					
<b>TITLE</b> Helicobacter pylori CAI antigen					
<b>FILING FEE RECEIVED</b> 2082	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		